

bias. They are held to be expressions of neurasthenia, though not exclusively so, many being more closely associated with melancholia, hysteria, epilepsy, or physiological degeneration, while some seem to occur in individuals otherwise normal. Obsessions may be of five classes: (1) Of doubt; (2) of fear; (3) of impulse; (4) of miscellaneous ideas; (5) abulias. Chemical histories of 17 cases were given:

Case I, fear of disorder or dirt, was cured by bluntly disregarding them. Case II, suicidal obsession, which finally caused patient to be sent to an asylum. Case III, hypochondriacal obsession, an imagined condition of "fermented stools." Case IV, the fear of definite or general personal danger, in a subject with stigmata of degeneration. Case V, fear of public speaking. Case VI, stuttering when tired or bored with any subject. Case VII, obsession of impending danger, with constant mental depression. Case VIII, believed he constantly smelt of feces. Case IX, believed lice were on her head. Several other cases had obsessions associated with masturbation. The treatment should be directed towards maintaining the physical tone, and impressing the individual mentality. The drug treatment should be as simple as possible.

W. B. NOYES.

HEREDITARY SYPHILITIC TABES DORSALIS. Babinski. (Soc. Med. des Hopitaux, Oct. 24, 1902.)

This observer, in discussing the question of hereditary syphilitic tabes dorsalis, said that there are in literature 20 well-authenticated reports of this condition. He thinks that the disease exists more commonly than is generally supposed, probably because it is usually present in a more or less masked form. For this reason he begged to present the histories of two such cases. The father of each of them was himself a tabetic. The first case was a young woman, twenty-two years of age, presenting the teeth of Hutchinson, who up to his eighteenth year had enjoyed good health, excepting that at her birth she presented ulcers around the anus, and that during her seventh year she was seized with convulsive tic. In her seventh year she presented interstitial keratitis, with all the characteristics of hereditary syphilis. During the past two years she has been a victim of crises of pain, and her pupils are not active to light. Further, it is to be noted that the father of this poor patient contracted syphilis while her mother was pregnant with her, and thus herself, became contaminated. The father at present presents the characteristic signs of tabes dorsalis, namely, abolition of the reflexes at the knee and ankle, irritability of the bladder and lightning pains and the Argyll-Robertson pupil. The other patient was a fifteen-year-old girl whose pupils were insusceptible to light, whose reflexes at the knee and ankle were abolished, whose bladder was showing symptoms, who had a choroiditis on the left side of syphilitic character, and, finally, whose cephalorachidian fluid disclosed lymphocytosis. The woman also presented mental disorders pointing toward an early dementia, perhaps due to a meningo-encephalitis of uncertain distribution. Her father was the victim of tabes dorsalis, precisely like the father of the foregoing case. The recognition of facts like these are of really practical value, because it is already admitted that treatment with mercury, energetic and persevering, may exercise upon these hereditary syphilitics a curative effect no less active than in acquired tabes, that is to say, that it may delay in a fixed measure the progress of the disease.

JELLIFFE.

RELATION OF CONSCIOUSNESS TO THE NERVOUS SYSTEM. Alex. E. Gibson. (Medical Record, Nov. 22, 1902).

The nervous system is two-fold—cerebrospinal and sympathetic; the former related to the instinctive or psychic processes, the latter to the vegetative or vital, while both are mainly below the sphere of self-consciousness. The sympathetic nervous system carries on its functions with-

out the necessity of cerebrospinal interference and is responsible for the rhythmic movements characteristic to the functions or tissues it supplies. Embryology teaches that the sympathetic system is an outgrowth of the cerebrospinal. Every functional activity of the body is a type of the mechanical principle of the lever notably such activities of unstriated muscle as the pyloric valve, the heart, or sweat glands. It follows that two factors must be present: the protoplasmic storage batteries of vital force, and an elaborate system of conductors. The nervous system holds bodily tissues in a state of constant tension. The evolution of self-consciousness as manifested in a human being is *sui generis* and not demonstrable as a product of functional or structural operation. Self-consciousness seems to be superimposed on the whole biological output of the evolutionary processes. No process of evolution can be traced as in the evolution of the sympathetic as an outgrowth from the cerebrospinal system. The cerebrospinal system, while controlling the sympathetic, is itself operating under the cover of instinctive consciousness and below the reach of individual self-consciousness. The individual has in his charge a mechanism over which, to a large extent, he has no control. The basis of vegetative life as represented in the smooth, non-striated, spindle-shaped, "involuntary" muscle cell, which receives the innervation of the sympathetic nerve, has a common significance to man and animal. This is true also of the striated muscle cell, innervated by cerebrospinal nerves. In the cranial structures in the cerebral cortex the anatomical distinction between animal and plant arises, and as this is chiefly self-consciousness, it is logical to associate self-consciousness with an advanced evolution of the unique, non-demonstrable functions of the cortex. These unexplored regions of the cortex may form the structural basis for the self-conscious existence.

W. B. NOYES.

PERFORATING ULCER OF FOOT. E. Tomaszewsk (Münch. med. Woch., May 13, 1902).

It has been the observation of this writer that ulcer of the foot occurs when sensibility is intact and no trauma exerted on the feet. Ulcers of the feet are well known to resemble each other irrespective of cause, in their form, development and course, and are generally found to occur where the most pressure is exerted. They are preceded by a hyperkeratosis, exerting still more pressure, which leads to circulus vitiosus. The observance of these general conditions has led to the usually accepted hypothesis that a decrease of sensibility in the part affected had caused the patient to pass over the fact that pressure was being exerted by an ill-fitting shoe or other cause. The author, however, advances the theory that an isolated sclerosis of the plantar arteries is largely responsible, as there is often little bleeding during operation, and an absence of pulsation. He has also noted that ulcers seldom occur on the heel, which is supplied by blood vessels of a larger caliber than the rest of the foot. In such diseases as diabetes, syphilis and various nervous disturbances arteriosclerosis is a common lesion, frequently most developed in the parts farthest from the heart. It is not clearly evident whether any trophoneurotic disturbances are at work or not, as the existence of trophic nerve end centers is still unsettled. Degeneration of the nerves which supply the part affected has been shown, however, and these also occur in cachectic individuals without ulcers, or in cases where ulcers are artificially produced. If an examination of the urine does not reveal sugar and the anterior and posterior tibial pulses are negative, then it is well to take a complete nervous status, as the ulcers may very likely prove a subjective manifestation of cerebral, spinal or peripheral disease.

JELLIFFE.